								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10 60 7 8 7												7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	L EN	/ ITITY	OR	OTHER		
TOTAL CLAIMS							RAT	E	FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA		BASIC	FEE	\$.395	OR	BASIC FEE	\$790	
TOTAL CHARGEABLE CLAIMS			minus 20=				X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		*		X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM			RESENT				+140=			·			
* f	the difference	in column 1 is	less than zero, enter "0" in colum			column 2	TOTA			OR OR	TOTAL		
	CLAIMS AS AMENDED - PART II									On	OTHER	THAN	
		(Column 1)		(Colum	nn 2)	(Column 3)	SMAI	LL E	NTITY	OR	SMALL!		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER .	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	*3	0	Ė	X\$ 9	=		ØR	X\$18=		
	Independent	RST PRESENTATION OF MULTIPLE DEPENDENT		<u>ک</u>	-	XX	4		OR	x:88			
	FIRST PRESE	PENDENT	CLAIM		+140	7	<u> </u>	OR	+280=				
							TOT				TOTAL		
7/	1425	(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. F	tt L			ADDIT. FEE	•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	** De		=	X\$ 9=	=		OR	X\$18=		
ME	Independent	. 2	Minus	*** 3	· ·	=	X42=		· · · · · · · · · · · · · · · · · · ·	OR	X84=		
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	EPENDENT CLAIF			+140=	1	-	j	+280=		
							TOT			OR	TOTAL		
		3.	•				ADDIT. F	1		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	·		·.	•			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus .	***		=	X42=	1		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						140	1			. 000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR ADDI													
٦	The "Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number f	found in the	appr	opriate box	in colt	ımn 1.		

FORM DTO-076 10- 1001

- Dotontand Tradomark Office 1.1.C. DEDARTMENT DE COMMEDCE